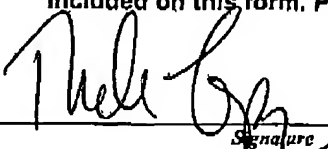
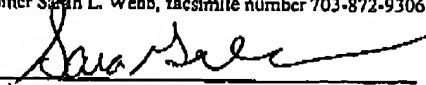


<b>AMENDMENT TRANSMITTAL LETTER (Large Entity)</b>				Docket No. <b>RMI-5743</b>	
Applicant(s): <b>Martinez et al.</b>					
Application No. <b>10/066,504</b>	Filing Date <b>01/30/2002</b>	Examiner <b>Sarah L. Webb</b>	Customer No. <b>30452</b>	Group Art Unit <b>3731</b>	Confirmation No. <b>1829</b>
Invention:					
				<b>RECEIVED CENTRAL FAX CENTER</b>	
<u>COMMISSIONER FOR PATENTS:</u>				<b>FEB 08 2005</b>	
Transmitted herewith is an amendment in the above-identified application.					
The fee has been calculated and is transmitted as shown below.					
<b>CLAIMS AS AMENDED</b>					
	CLAIMS REMAINING AFTER AMENDMENT	HIGHEST # PREV. PAID FOR	NUMBER EXTRA CLAIMS PRESENT	RATE	ADDITIONAL FEE
TOTAL CLAIMS	7 -	20 =	0	x \$18.00	\$0.00
INDEP. CLAIMS	1 -	5 =	0	x \$88.00	\$0.00
Multiple Dependent Claims (check if applicable) <input type="checkbox"/>					\$0.00
<b>TOTAL ADDITIONAL FEE FOR THIS AMENDMENT</b>					<b>\$0.00</b>
<input checked="" type="checkbox"/> No additional fee is required for amendment. <input type="checkbox"/> Please charge Deposit Account No. _____ in the amount of _____ <input type="checkbox"/> A check in the amount of _____ to cover the filing fee is enclosed. <input checked="" type="checkbox"/> The Director is hereby authorized to charge payment of the following fees associated with this communication or credit any overpayment to Deposit Account <b>501225</b> <input type="checkbox"/> Any additional filing fees required under 37 C.F.R. 1.16. <input type="checkbox"/> Any patent application processing fees under 37 CFR 1.17. <input type="checkbox"/> Payment by credit card. Form PTO-2038.					
<b>WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.</b>					
 Theodore Lopez, Reg. No. 44,881 Edwards Lifesciences Legal Department One Edwards Way Irvine, CA 92614 Phone: 949-250-6856 Fax: 949-250-6850			Dated: February 8, 2005  <div style="border: 1px solid black; padding: 5px;">         I hereby certify that on February 8, 2005, the above-identified document (along with any paper referred to as being attached) was transmitted via facsimile to the United States Patent Office, Attn: Examiner Sarah L. Webb, facsimile number 703-872-9306.           By:           Sara Gronberg       </div>		
cc: Customer No. 30452					

P11LARGE/REV09

Edwards Ref: RMI-5743  
(formerly 261/151)

**IN THE UNITED STATES PATENT AND TRADEMARK OFFICE**

In re the Application of:

**MARTINEZ et al.**

**Serial No.: 10/066,504**

**Filed: January 30, 2002**

**For: DISTAL FILTRATION DEVICES AND  
METHODS OF USE DURING AORTIC  
PROCEDURES**

Group Art Unit: 3731

Examiner: Sarah L. Webb

**RECEIVED  
CENTRAL FAX CENTER  
FEB 08 2005**

**AMENDMENT AND RESPONSE UNDER 37 C.F.R. § 1.116**

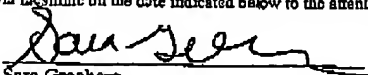
Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Sir:

This is in response to the Office Action mailed December 14, 2004. Please amend the subject application as follows.

**Amendments to the Claims** begin on page 2 of this paper.

**Remarks** begin on page 4 of this paper.

<b>Certificate of Mailing/Transmission (37 C.F.R. § 1.8(a)):</b>	
[ ] Pursuant to 37 C.F.R. § 1.8, I hereby certify that this paper and all enclosures are being deposited with the United States Postal Service as first class mail on the date indicated below in an envelope addressed to the Commissioner for Patents, P.O. Box 1450 Alexandria, VA 22313-1450.	
[ X ] Pursuant to 37 C.F.R. § 1.6(d), I hereby certify that this paper and all enclosures are being sent via facsimile on the date indicated below to the attention of Examiner Sarah K. Webb at Facsimile No (703) 872-9306.	
Dated: February 8, 2005	Name of Person Certifying:  Printed Name: Sara Gronberg

IR1:1061356.1 / 4675\_1